

**The Hong Kong College of
General Practitioners**
Tel : 2528 6618 (2 Lines)
Fax: 2866 0616
8th Floor,
Duke of Windsor Building,
15 Hennessy Road, Hong Kong.

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EDITORIAL

General Practice With Hong Kong Characteristics

Hong Kong is a place where the Western culture mixes with the Oriental culture. Just about everything that we have is a mixture of both. We can look at the ways we dress, the ways we speak and the ways we sing. It is almost certain that the ways we Hong Kong people think are also a mixture of the two cultures.

Why am I bringing this up? What has it got to do with general practice?

Well, I think this mixture of cultures has serious influence on the way how most of general practice is practised in Hong Kong. This is particularly so because of our local patients' expectations of medical consultations and their understanding of their illnesses.

What are our patients' expectations of a medical consultation? Do they mainly come for medical advice? Or do they come for advice and medications? How many general practice consultations are completed without some medications being prescribed? If we ask ourselves and our general practice colleagues, the number is probably very small. Not only are most consultations completed with some medications in patients' hands, the number of items of drug is also likely to be three, four or even more. Medications seem to have a central role in many consultations. Why is it so? It cannot be just patients' expectations alone which are making this phenomenon happen. The drugs have to be prescribed by the doctor who must also think that all of these items are necessary, whether for the wellbeing of the patients or for the doctor himself/herself.

I have personally been requested by my patients on numerous occasions that they want some mucolytic (化痰丸) to help them clear the phlegm in their throats after a viral upper respiratory tract infection. Many patients see it vitally important that they must take medications to cure this phlegm. I wonder if this may have something to do with patients' traditional Chinese beliefs that medicine is needed for this phlegm. It is highly likely that some traditional medicine is prescribed if the patients are to consult a practitioner of Traditional Chinese Medicine. I am yet to see any evidence that any of the Western mucolytic agents provide much therapeutic benefits for patients.¹ However, many of our patients seem to believe that these mucolytic agents are essential to clear the phlegm. This is one of the examples of the East (the patient and his/her beliefs and expectations) meeting the West (a Western-trained doctor and Western medications).

In fact, examples in which the patients are exposed to both modern and traditional medical systems are not restricted to Hong Kong. It has been

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noted that people in non-Western areas have utilized Western therapy primarily for the effectiveness of its medicines, which are widely considered as superior to indigenous medicines.²

Medications aside, in our consultation with patients who suffer from upper respiratory tract infection for example, how often do we get asked, "Doctor, am I suffering from too much HEAT (熱氣)?" or "Doctor, should I stop eating oranges or drinking orange juice?" When do we get trained in our undergraduate medical studies to be competent in this heat/cold theory? Or in advising patients whether they should stop drinking orange juice for their cough? And yet, these are some of the commonest questions that we encounter in our practice. This is another example of the East (patients' beliefs) meeting the West (Western medical theory).

Why do we get asked these questions? It is because many of these beliefs and concepts are deeply rooted in the mind of many of the Chinese patients whom we see everyday in our clinics. Chinese often consider food as a form of medicine.³ They receive these ideas from their parents, their grandparents, their relatives, their friends and just about everyone else around them. It is only natural that they tell their friends and relatives something that they believe is good for their health so that others will get the benefits as well.

What these few common examples means is that we cannot simply confine ourselves to using Western medical concepts in our daily practice in Hong Kong. (See page 579). It is quite possible that many of our experienced local general practitioners are already adopting the "Explanatory Model"⁴ to help them practise in a cross-cultural setting so that they can communicate their explanations and management plans

to their patients in the ways that their patients can understand. They might not have been taught these "East meeting West" concepts in their medical school days. However, they develop these skills in response to patients and community needs. "The medicine of general practice has to be most closely applied to the configuration of the culture which it serves" says Marinker.⁵ This is one of the characteristics of general practice all over the world because general practice medicine has to attend to the bio-psycho-social needs of the patients.

In conclusion, I think there is a need for us to further explore this issue of "general practice with Hong Kong characteristics" because it may open a way for us to remove some of the cross-cultural barriers between patients and doctors, and to allow us to understand our patients' explanation of their illnesses and their expectations of the consultation better. ■

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Lam Tai Pong
Editor